

ATF

**ENTERED**

**APPLICATION FOR  
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department  
P.O. Box 58  
117 East Fifth Street  
Washburn, WI 54891  
Phone - (715) 373-6138

**RECEIVED**

MAY 26 2022

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
Changes in plans must be approved by the Zoning Department

Bayfield Co.  
Planning and Zoning Agency

Office Use:

Zoning District/Lakes Class

Permit No. 22-0145

Date

Fee Paid

\$75 RV + \$75 ATF  
6-24-22 JIG

Property Owner Alan & Melissa Jacques

Property Address Tax ID: 38701  
of RV placement.

Mailing Address 2814 210<sup>th</sup> Ave

Glenwood City WI 54013

Telephone 715-222-3368

Agent: \_\_\_\_\_

Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request:

SE 1/4 of WE 1/4 of Section 26 Township 50 N. Range 8 W. Town of Portwing

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel I.D. # 38701 Acreage 8.51

Additional Legal Description: \_\_\_\_\_

ATTACH  
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☐ No ☒ If Yes, Distance from Shoreline: 75' or greater ☐ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐

Year: 2006 Vin #: 4YDT38F2X16E321063

Make of RV: Hornet

Model of RV: \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Zoning District/Lakes Class: N/A

Permit Issued:

Sanitary Number Gumke Date \_\_\_\_\_

Issuance Date 7-15-2022 Permit Number 22-0145 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: one camper on lot; privy on adjacent lot (Gumke # 38700)

By EM Date of Inspection 6-27-2022

Variance (B.O.A.) # \_\_\_\_\_

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: N/A SA

Signed Vice Mayor  
Inspector

6-27-2022  
Date of Approval

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

**IMPORTANT**  
**Detailed Plot Plan is Necessary**

3. Show dimensions in feet on the following:

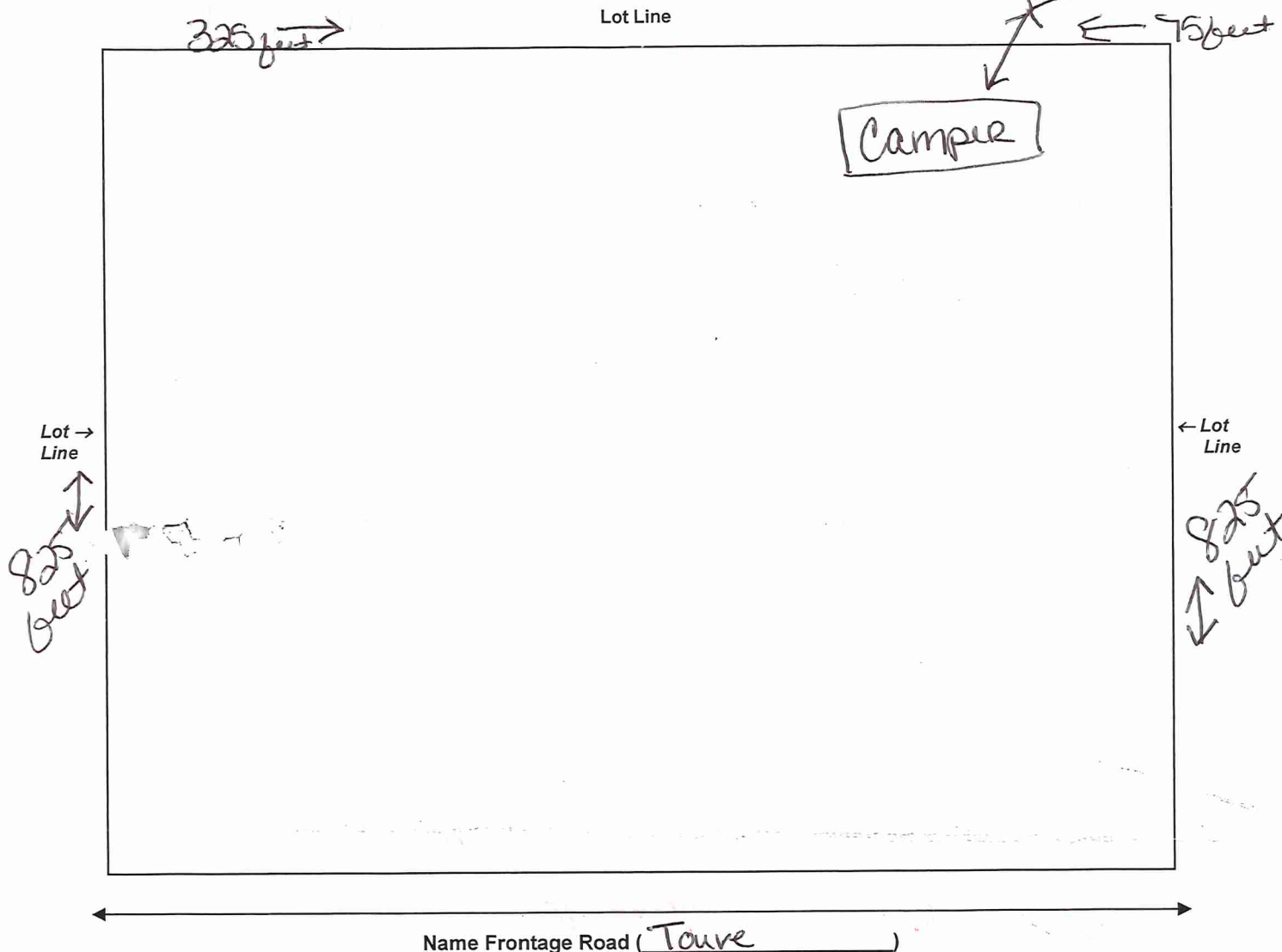
a. RV from centerline of road(s). 825 feet

b. RV from right-of-way line 792 feet

c. RV from property lines 75 feet

d. RV from lake, river, stream or pond WA

e. RV from Privy 175 feet



**NOTICE:** The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent

Melanie Jacques date May 2-2022

Address to send permit

2814 210<sup>th</sup> Ave Glenwood City WI 54013



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

ATF

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
MAY 27 2022  
Bayfield Co.  
Planning and Zoning Agency

Permit #:	
Date:	
Amount Paid:	\$175 Special Use - A \$175 Special Use - A(ATF)
Other:	6-24-22 JTB
Refund:	

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Alan & Melissa Jacques				Mailing Address: 2814 210 AV				City/State/Zip: Glenwood City WI 54013				Telephone: 715 263 3368			
Address of Property: Touve Rd				City/State/Zip: Port Wing WI								Cell Phone: 215 222 3368			
Email: (print clearly) lissa-jacques@yahoo.com															
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 38701		Recorded Document: (Showing Ownership)									
SE 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 26		Township 50N		Range 08		W		Town of: Port Wing		Lot Size 825x325		Acreage 8.51			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$ _____	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
				<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Special Use: (explain) R U	( 8 X 38 )	304
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	Other: (explain) _____	( X )		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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Owner(s): Alan Jacques, Melissa Jacques  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-27-22

Authorized Agent: \_\_\_\_\_ (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL

Towne Rd

75

75

Comper

N

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	825 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	792 Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	120 Feet
Setback from the North Lot Line	75 Feet		
Setback from the South Lot Line	250 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	250 Feet	20% Slope Area on the property	Yes No
Setback from the East Lot Line	70 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	175 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:		
Permit Denied (Date):		Reason for Denial:						
Permit #:		Permit Date:						
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Granted by Variance (B.O.A.)				Previously Granted by Variance (B.O.A.)				
<input type="checkbox"/> Yes <input type="checkbox"/> No Case #:				<input type="checkbox"/> Yes <input type="checkbox"/> No Case #:				
Was Parcel Legally Created		<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:						Zoning District ( )		
						Lakes Classification ( )		
Date of Inspection:		Inspected by:				Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)								
Signature of Inspector:						Date of Approval:		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		



# TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

ENTERED

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.org

Website:  
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

RECEIVED

JUN 21 2022

Bayfield Co.  
Planning and Zoning Agency

**Property Owner(s)** are responsible to give this form to the Town Clerk. **Attach a copy** of the **County Application (8 1/2 x 14)** [front/back]. This is a **Class A** special use request. **Note:** The Town's **Planning Commission** meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

**Property Owner** Alan & Melissa Jacobs **Contractor** \_\_\_\_\_  
**Property Address** 2814 210th Ave **Authorized Agent** \_\_\_\_\_  
Glenwood City WI 54013 **Agent's Telephone** \_\_\_\_\_  
**Telephone** 715-222-3368 **Written Authorization Attached:** Yes ( ) No ( )

**Accurate** Legal Description involved in **this request** (specify **only** the property involved with this application)

SE 1/4 of WE 1/4, Section 26, Township 50 N., Range 8 W. Town of Portwing

**Govt. Lot** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Block** \_\_\_\_\_ **Subdivision** \_\_\_\_\_ **CSM#** \_\_\_\_\_

**Volume** \_\_\_\_\_ **Page** \_\_\_\_\_ of Deeds **Tax I.D#** 38701 **Acreage** 8.51

**Additional Legal Description:** \_\_\_\_\_

**Applicant:** (State what you are asking for) RV permit **Zoning District:** \_\_\_\_\_ **Lakes Classification:** \_\_\_\_\_

We, the Town Board, **TOWN OF** \_\_\_\_\_, do hereby recommend to

☐ **Table**

☒ **Approval**

☐ **Disapproval**

**Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan:** ☐ **Yes** ☐ **No**

**Township:** (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

INCREASED VALUE

**\*\* THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:**

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**\*\* NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

**Signed:**

**Chairman:** [Signature]

**Supervisor:** [Signature]

**Supervisor:** [Signature]

**Supervisor:** \_\_\_\_\_

**Clerk:** [Signature]

**Date:** 6/13/22







Town, City, Village, State or Federal  
Permits May Also Be Required

(AFTER THE FACT)

LAND USE – X

SANITARY – Privy on adjacent site

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. 22-0145

Issued To: Allen & Melissa Jacques

### Part in

Location: SE ¼ of NE ¼ Section 26 Township 50 N. Range 8 W. Town of Port Wing  
In DOC 2022R-593024 TOG with EASE

Gov.t Lot

Lot

Block

Subdivision

CSM#

For: (ATF) Recreational Vehicle (RV)

Make: Hornet

Model #:

Vehicle #: 4YDT38F2X6E321063 Year: 2006

(Disclaimer): Any future expansions or development would require additional permitting.

Condition: May not be used for permanent residence

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

July 15, 2022

Date



**APPLICATION FOR  
RECREATIONAL VEHICLE**

**RECEIVED**

JUN 03 2022

Bayfield Co.  
Planning and Zoning Agency

**ENTERED**

Bayfield County Planning and Zoning Department  
P.O. Box 58  
117 East Fifth Street  
Washburn, WI 54891  
Phone - (715) 373-6138

Office Use:

Zoning District/Lakes Class 1

Application No. 22-0148

Date

Fee Paid \$156-24-22 JB

**INSTRUCTIONS:** No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.**  
Changes in plans must be approved by the Zoning Department

Property Owner Sharon Johnson

Property Address 9040 Beach Rd  
of RV placement. Port Wing, WI 54865

Mailing Address 82015 Evergreen Rd  
Port Wing, WI 54865-4734

Agent: \_\_\_\_\_

Telephone 715-774-3514

Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request:

1/4 of 1/4 of Section 2150 N. Range 08 W. Town of Port Wing, WI

Gov't Lot 4 Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 1649

Volume V.9 Page 389 of Deeds Parcel I.D. # 04-042-2-50-08-213 Acreage 0.850  
05-004-08100

Additional Legal Description: \_\_\_\_\_

ATTACH  
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☐ No ☐ If Yes, Distance from Shoreline: 75' or greater ☐ < 75' to 40' ☐ less than 40' ☐

RV: New ☐ Replacement ☐

Year: 2010 Vin #: 4YDT25224A3150113

Make of RV: Travel Trailer

Model of RV: Keystone Summerland

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Zoning District/Lakes Class: 1

Permit Issued:

Sanitary Number 389341 Date 10-02-2001

Issuance Date 7-15-2022 Permit Number 22-0148 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: let Everything looked good Must meet all set backs.

By GM Date of Inspection 6-28-2022

Variance (B.O.A.) # \_\_\_\_\_

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: 11-15-2022

Signed Steve Markman  
Inspector

7-15-2022  
Date of Approval



1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

**IMPORTANT**  
**Detailed Plot Plan is Necessary**

3. Show dimensions in feet on the following:

a. RV from centerline of road(s).

d. RV from lake, river, stream or pond

b. RV from right-of-way line

e. RV from Privy

c. RV from property lines

Lot Line

Lot →  
Line

← Lot  
Line

See attachment

← Name Frontage Road ( ) →

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Owner or Authorized Agent Sharon Johnson Date 6-1-2022

Address to send permit 82015 Evergreen Rd Port Wing, WI 54865-4734

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

**IMPORTANT**  
**Detailed Plot Plan is Necessary**

3. Show dimensions in feet on the following:

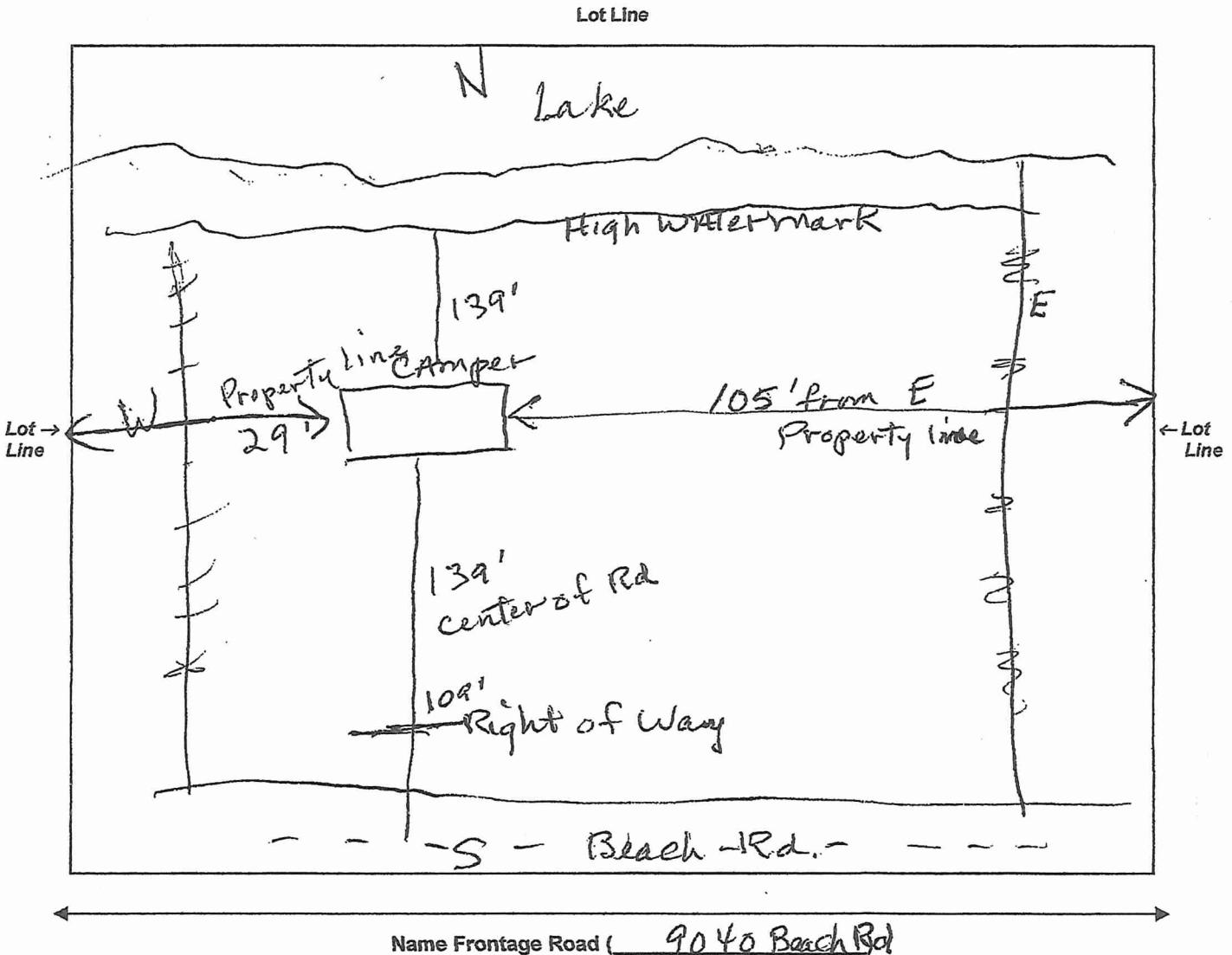
a. RV from centerline of road(s).

d. RV from lake, river, stream or pond

b. RV from right-of-way line

e. RV from Privy

c. RV from property lines



NOTICE: The local town, village, city, state or federal agencies may also require permits.

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Owner or Authorized Agent Sharon Johnson Date 6-1-2022

Address to send permit 82015 Evergreen Rd. Port Wing, WI 54865-4734



Town, City, Village, State or Federal  
Permits May Also Be Required

(SHORELAND)

LAND USE – **X**

SANITARY – Existing (389341)

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0148**

Issued To: **Sharon Johnson Irrev Trust**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **21** Township **50** N. Range **8** W. Town of **Port Wing**

Gov't Lot                      Lot **1** Block                      Subdivision                      CSM#                      **1649 V.9 P.389**

For: **Recreational Vehicle (RV)**

Make: **Keystone** Model #: **Summerland** Vehicle #: **4YDT25224A3150113** Year: **2010**

(Disclaimer): Any future expansions or development would require additional permitting.

**May not be used for permanent residence**

Condition: **Allowed for up to 4 months from issuance.**

**Must be removed by 11/15/2022**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Erica Meulemans, AZA**

Authorized Issuing Official

**July 15, 2022**

Date



SUBMIT: COMPLETED APPLICATION, TAX  
MENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 13 2022

Bayfield Co.  
Planning and Zoning Agency

Permit #:	22-0158
Date:	7-15-2022
Amount Paid:	875 Spec Use - A 6-29-22 JTB
Other:	
Refund:	

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: Sarah Olson		Mailing Address: 10513 RIGBY DR	
Address of Property: 85255 RAUVINE RD		City/State/Zip: EDEN PRAIRIE MN 55347	
Email: (print clearly) Sarah Estargazon@superior.com		Telephone: 612-860-8234	
Contractor:		Contractor Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	
PROJECT LOCATION		Tax ID# 28218	
Legal Description: (Use Tax Statement)		Recorded Document: (Showing Ownership)	
1/4, 1/4		Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) # Block #	
Section 15, Township 50 N, Range 08 W		Town of: Port Wing	
Lot Size 44.354 ac		Acreage 44.354	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 139,100	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: mound system	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Short-term Rental	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 29.3	Width: 23	Height: 20
Proposed Construction: (overall dimensions)	Length: 29.3 x 23.4	Width: 23	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Accessory Building (explain)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input checked="" type="checkbox"/>	Special Use: (explain) short-term rental of existing cabin	( 29.3 X 23 )	1506
	<input type="checkbox"/> Conditional Use: (explain)	( X )		
	<input type="checkbox"/> Other: (explain)	( X )		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sarah Olson

(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(See Note below)

Date 6/6/22

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 10513 Rigby Dr, Eden Prairie MN 55347

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

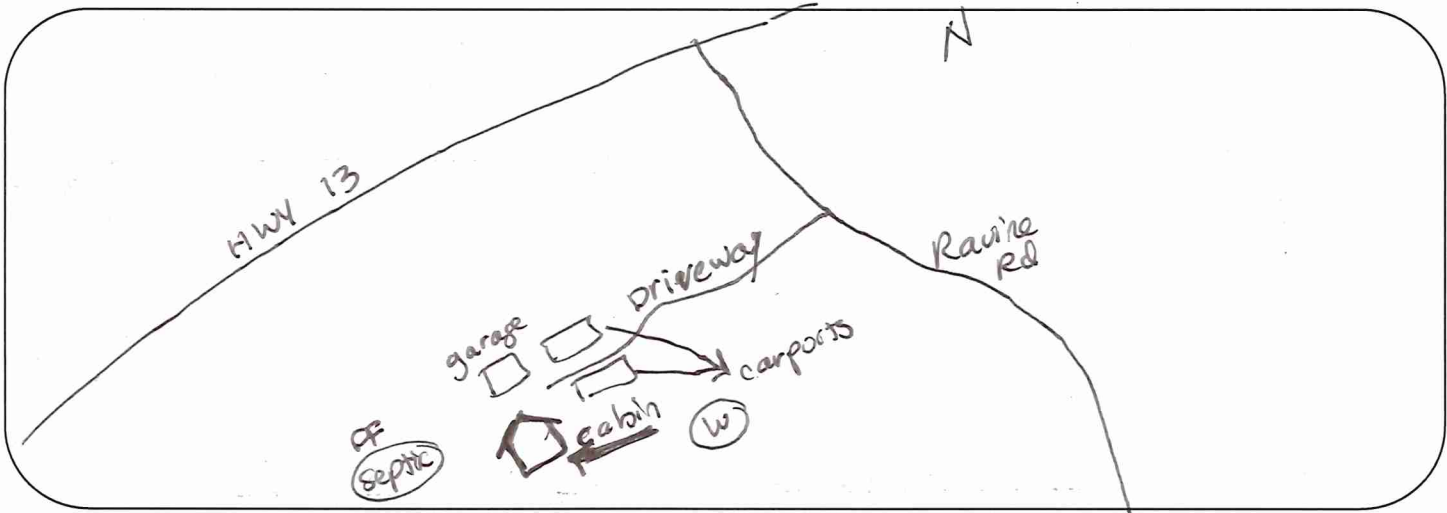
All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements	
Setback from the <b>Centerline of Platted Road</b>	700	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	7,280	Feet
Setback from the <b>Established Right-of-Way</b>		Feet		Setback from the <b>River, Stream, Creek</b>		Feet
				Setback from the <b>Bank or Bluff</b>		Feet
Setback from the <b>North Lot Line</b>	702	Feet				
Setback from the <b>South Lot Line</b>	572	Feet		Setback from <b>Wetland</b>	300 +	Feet
Setback from the <b>West Lot Line</b>	1005	Feet		<b>20% Slope Area on the property</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setback from the <b>East Lot Line</b>	235	Feet		<b>Elevation of Floodplain</b>		Feet
Setback to <b>Septic Tank or Holding Tank</b>	40	Feet		Setback to <b>Well</b>	54	Feet
Setback to <b>Drain Field</b>		Feet				
Setback to <b>Privy (Portable, Composting)</b>		Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 425340	# of bedrooms: 2	Sanitary Date: 9-14-2004
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0158	Permit Date: 7-15-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:	Nothing out of the ordinary		Zoning District ( F-1 )
Date of Inspection: 7-8-2022	Inspected by: SM	Date of Re-Inspection:	Lakes Classification ( )
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)			
This permit cannot be transferred if Property is sold. Bayfield County Health Department permit required. Short term rental for a maximum of two (2) bedrooms.			
Signature of Inspector: Erica Madenans			Date of Approval: 7-14-2022
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>



# TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.wi.gov

Website:  
[www.bayfieldcounty.wi.gov](http://www.bayfieldcounty.wi.gov)

Date Zoning Received: (Stamp Here)

RECEIVED

JUN 21 2008

Bayfield Co.  
Planning and Zoning Agency

**Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a **Class A** special use request. **Note:** The Town's **Planning Commission** meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner Sarah Olson Contractor \_\_\_\_\_  
Property Address 85255 Ravine Rd Authorized Agent \_\_\_\_\_  
Port Wing, WI 54865 Agent's Telephone \_\_\_\_\_  
Telephone sarah@stargazer-superior.com Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, Section 15, Township 50 N., Range 08 W. Town of Port Wing

Govt. Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Tax I.D# 28218 Acreage 608 acres

Additional Legal Description: \_\_\_\_\_

Applicant: (State what you are asking for) Zoning District: \_\_\_\_\_ Lakes Classification \_\_\_\_\_

special use permit for short-term rental of the  
existing cabin on property

We, the Town Board, **TOWN OF** Port Wing, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Increase business in the area

\*\* THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**\*\* NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

**Signed:**

Chairman: Russell Bailey

Supervisor: [Signature]

Supervisor: Kenneth E. Beddoe

Supervisor: \_\_\_\_\_

Clerk: [Signature]

Date: 6/13/2008

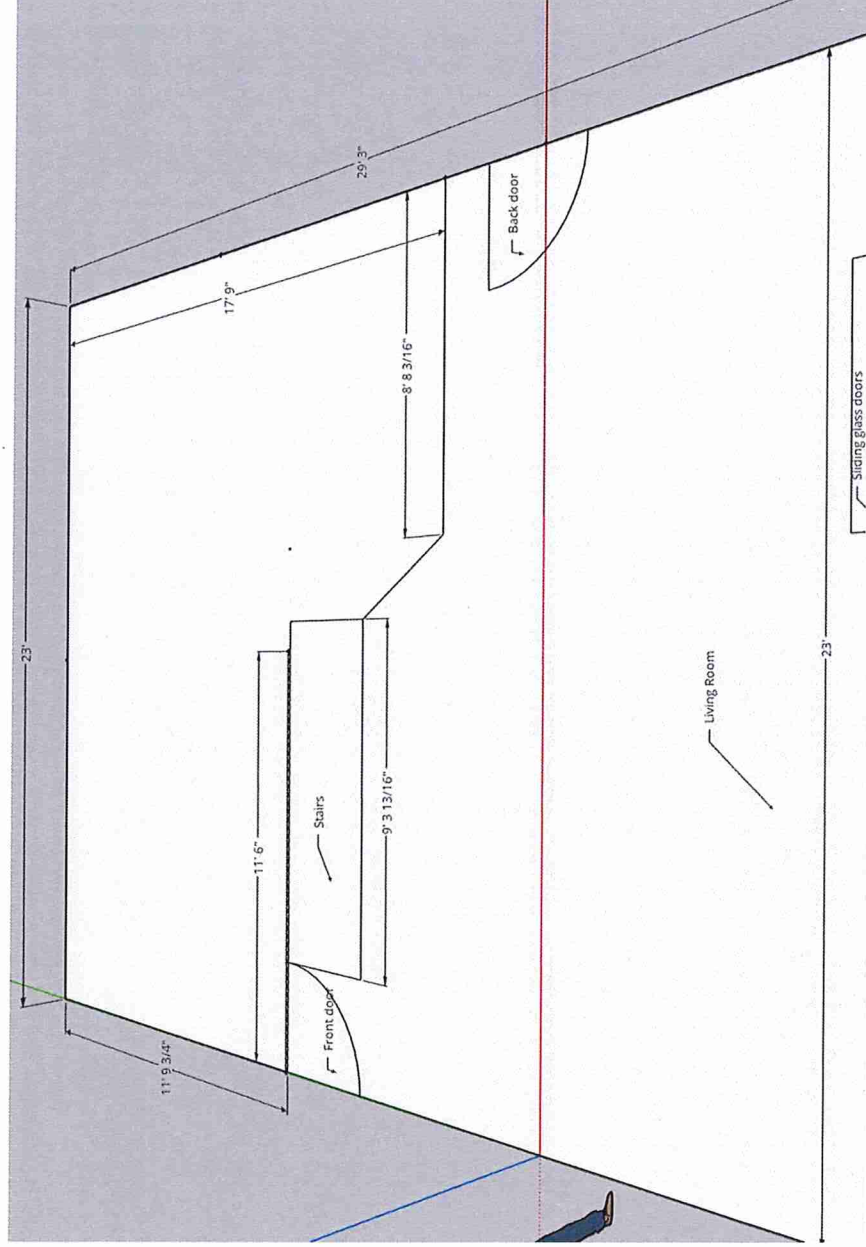
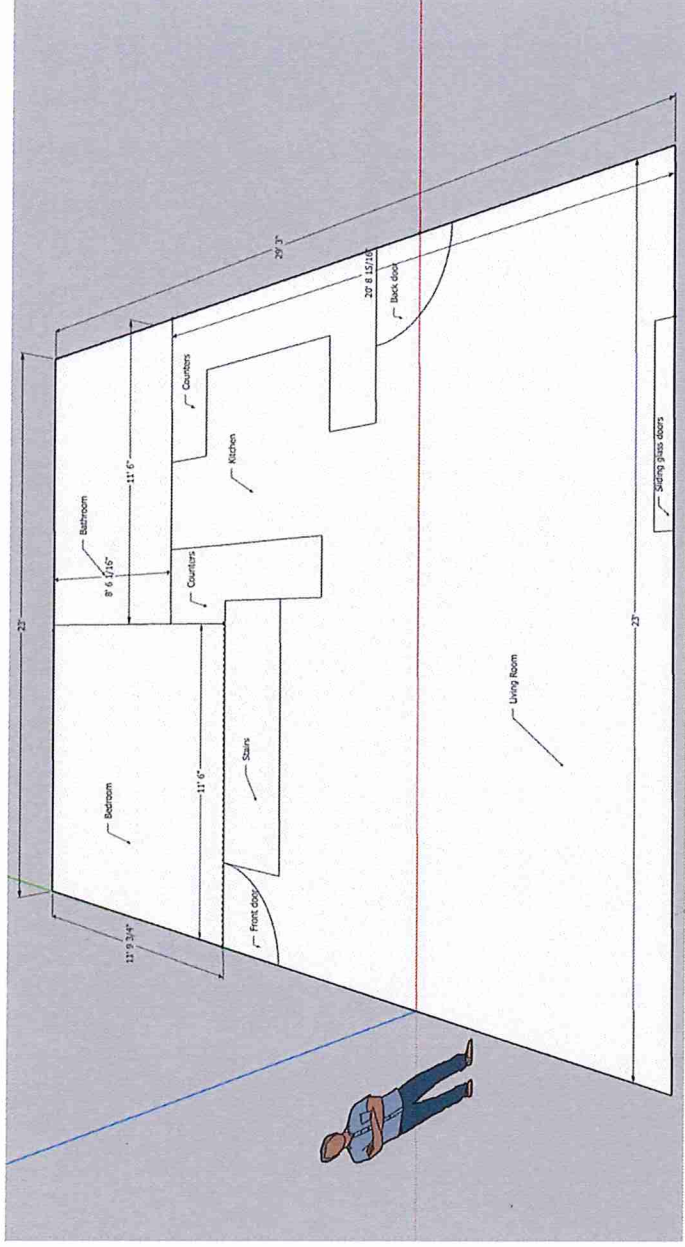


1. The first part of the document is the title page, which contains the title of the document, the author's name, and the date of completion.

## 2. Introduction

The introduction provides a brief overview of the document's purpose and scope. It also includes a statement of the author's intent and a list of the document's objectives.

The document is divided into two main parts: the first part is the title page, and the second part is the introduction.





Real Estate Tax Statement

BAYFIELD COUNTY, WISCONSIN

Printed: 6/6/2022 8:06:27 PM

RECEIVED

JUN 13 2022

Bayfield Co.  
Planning and Zoning Agency

STATEMENT RE

OLSON , SARAH E

Tax ID: 28218

Legacy PIN: 042104404990

PIN: 04-042-2-50-08-15-4 04-000-10000

SARAH E OLSON  
10513 RIGBY DR  
EDEN PRAIRIE MN 55347

Property Description

Site Address: 85255 RAVINE RD

Municipality: TOWN OF PORT WING

Description: (Not for use on Legal Documents)

SESE S15-T50N-R08W

THAT PART OF GOVT LOT 3 & THE SE SE LYING S OF  
HWY 13 DESC IN 2022R-594451

Document: 2022R-594451

Acreage: 44.354

2021 Assessments

Code	Acres	Land	Impr.	Total
G1 - RESIDENTIAL	1.000	8,000	139,100	147,100
G6 - PRODUCTIVE FOREST	43.354	47,700	0	47,700
Total Values:	44.354	55,700	139,100	194,800
Estimated Fair Market Value:				196,800

Ownership

SARAH E OLSON

10513 RIGBY DR

EDEN PRAIRIE MN 55347

TAX RECORDS - KEY TO CODES

RE = Real Estate

LC = Lottery Credit

FD = First Dollar Credit

SA = Special Assessments

SC = Special Charges

DU = Delinquent Utilities

PF = Private Forest

MFLO = Managed Forest Land Open

MFLC = Managed Forest Land Closed

~~~ THERE ARE NO PRIOR DELINQUENT PAYMENTS DUE ~~~

| 2021 TAXES | GRE      | (FD)    | (LC)     | RE       | SA   | SC   | DU   | PF   | MFLO | MFLC | TOT      |
|------------|----------|---------|----------|----------|------|------|------|------|------|------|----------|
| Tax Due:   | 3,095.18 | (75.00) | (266.00) | 2,754.18 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,754.18 |
| Tax Paid:  |          |         |          | 2,754.18 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,754.18 |
| Balance:   |          |         |          | 0.00     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00     |

Tax ID 28218 Total Due For 2021 Tax: 0.00

~~~ THERE ARE NO TAXES DUE ON TAX ID 28218 ~~~

Bayfield County Treasurer

JENNA GALLIGAN, PO BOX 397

WASHBURN WI 54891

Phone: (715) 373-6131

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **425346**  
SPECIAL – **A (Tn of Port Wing-6/13/2022)**  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0158** Issued To: **Sarah Olson**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **15** Township **50** N. Range **8** W. Town of **Port Wing**

THAT PART OF GOVT LOT 3 & THE SE SE LYING S OF HWY 13 DESC IN 2022R-594451

Residential Use in F-1 zoning district

For: **(1-Unit) Short Term Rental of existing 1.5-Story Residence (29'3" x 23) = 1506 sq. ft. Height 20'**

**(Disclaimer):** Any future expansions or development would require additional permitting.

Condition(s): **To be rented as a 2-bedroom residence. Contact Bayfield County Health Department for permits. Town/State/DNR permits may be required. Permit non-transferable if property is sold.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Erica Meulemans, AZA**

Authorized Issuing Official

**July 15, 2022**

Date



**APPLICATION FOR  
RECREATIONAL VEHICLE**

ATF

ENTERED

Bayfield County Planning and Zoning Department  
P.O. Box 58  
117 East Fifth Street  
Washburn, WI 54891  
Phone - (715) 373-6138

RECEIVED

JUN 07 2022

Bayfield Co.  
Planning and Zoning Agency

Office Use:

Zoning District/Lakes Class

Permit No. 22-0146

Date

Fee Paid \$75 RV + \$75 RV(ATF)

#175 Spec Use-A + \$175 Spec Use-A  
6-24-22 JIG (ATF)

**INSTRUCTIONS:** No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.**  
Changes in plans must be approved by the Zoning Department

Property Owner Tim Carpenter

Property Address XXX Touve Rd.

Mailing Address 117 State Rd. 35

of RV placement Port Wing WI

Osceola WI 54020

Agent: \_\_\_\_\_

Telephone 651 815-8392

Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request:

SE 1/4 of NE 1/4 of Section 26 Township 50 N. Range 8 W. Town of Port Wing WI

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel I.D. # 38699 Acreage 8.39

Additional Legal Description: Attached

ATTACH  
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☐ No ☒ If Yes, Distance from Shoreline: 75' or greater ☐ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐

Year: 2004 Vin #: 4X4T5EP234A027814

Make of RV: STERA

Model of RV: 38'

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Zoning District/Lakes Class: A1

Permit Issued: \_\_\_\_\_ Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Issuance Date 7-15-2022 Permit Number 22-0146 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: camper already on-site

By gm Date of Inspection 6-27-22

Variance (B.O.A.) # N/A

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: N/A TBA

Signed Erica Malmgren  
Inspector

7-15-2022  
Date of Approval

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

**IMPORTANT**  
**Detailed Plot Plan is Necessary**

3. Show dimensions in feet on the following:

a. RV from centerline of road(s).

d. RV from lake, river, stream or pond

b. RV from right-of-way line

e. RV from Privy

c. RV from property lines

Lot Line

Lot →  
Line

← Lot  
Line

Name Frontage Road ( Touve Road )

**NOTICE:** The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

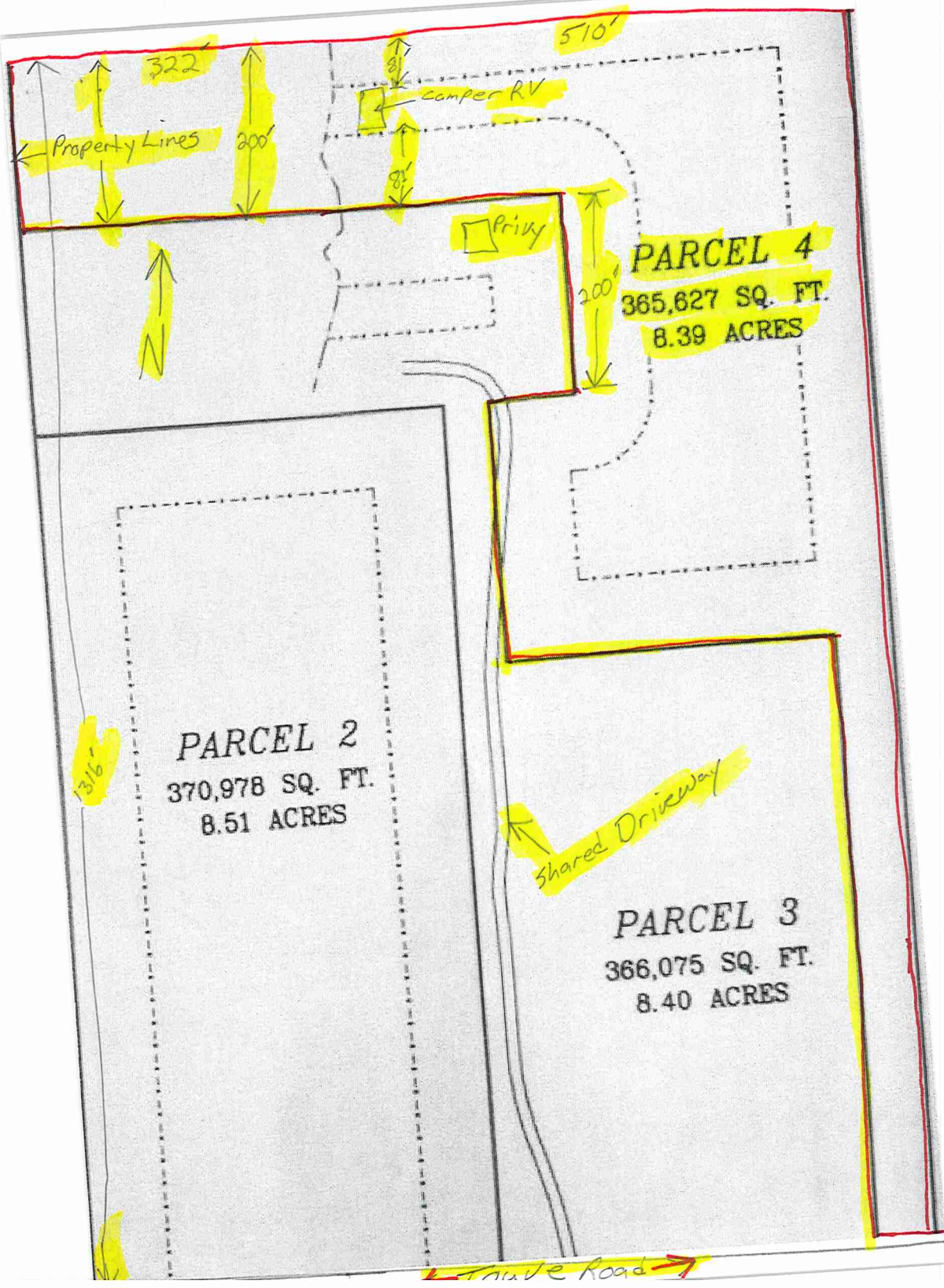
Owner or Authorized Agent

Date 5/25/2022

Address to send permit

117 state Rd 35 Osceola WI 54020





PARCEL 2  
370,978 SQ. FT.  
8.51 ACRES

PARCEL 3  
366,075 SQ. FT.  
8.40 ACRES

PARCEL 4  
365,627 SQ. FT.  
8.39 ACRES

Property Lines

Camper RV

Privy

Shared Driveway

Gravel Road







RECEIVED

JUN 07 2022

Bayfield Co.  
Planning and Zoning Agency

## Parcel 4

Timothy Carpenter and Janell Torgerson:

A parcel of land located in the SE  $\frac{1}{4}$  of the NE  $\frac{1}{4}$  of Section 26, T. 50 N., R. 8 W., in the Town of Port Wing, Bayfield County, Wisconsin, described as follows:

Beginning at a 1" iron pipe at the E  $\frac{1}{4}$  corner of said Section 26, run S 89°52'50" W, 60.00 feet on the E-W  $\frac{1}{4}$  line of said Section 26. Thence leaving said E-W  $\frac{1}{4}$  line, N 00°30'48" E, 657.87 feet, passing through a 1" iron pipe at 33.00 feet, to a 1" iron pipe. Thence S 89°53'50" W, 325.83 feet to a 1" iron pipe. Thence N 00°30'48" E, 257.94 feet to a 1" iron pipe. Thence N 89°54'51" E, 85.81 feet to a 1" iron pipe. Thence N 00°30'48" E, 200.01 feet to a 1" iron pipe. Thence S 89°54'51" W, 534.13 feet, passing through a 1" iron pipe at 215.00 feet. Thence N 00°59'35" E, 200.04 feet to a 1" iron pipe on the north line of said SE  $\frac{1}{4}$  of the NE  $\frac{1}{4}$ . Thence on said north line, N 89°54'51" E, 832.47 feet, passing through a 1" iron pipe at 322.47 feet, to a 1" iron pipe at the N  $\frac{1}{16}$  corner on the east line of said Section 26. Thence leaving said north line and on the east line of said Section 26, S 00°30'48" W, 1315.70 feet, passing through a 1" iron pipe at 1282.70 feet, to the Point of Beginning.

Said parcel contains 365,627 square feet which is 8.39 acres, including that land lying within the right of way of Touve Road.

Said parcel is subject to easements, restrictions, reservations and rights of way of record or use, if any.

38699

# TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)



When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.org

Website:  
[www.bayfieldcounty.org/147](http://www.bayfieldcounty.org/147)

Date Zoning Received: (Stamp Here)

RECEIVED  
JUN 21 2008  
Bayfield Co.  
Planning and Zoning Agency

**Property Owner(s)** are responsible to give this form to the Town Clerk. **Attach a copy of the County Application (8 1/2 x 14) [front/back]**. This is a **Class A** special use request. **Note:** The Town's **Planning Commission** meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner Tim Carpenter Contractor \_\_\_\_\_  
Property Address xxx Touve Road Authorized Agent \_\_\_\_\_  
Port Wing WI Agent's Telephone \_\_\_\_\_  
Telephone 651 815-8392 Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

SE 1/4 of NE 1/4, Section 26, Township 50 N., Range 8 W. Town of Port Wing WI

Govt. Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Tax I.D.# 38699 Acreage 8.39

Additional Legal Description: \_\_\_\_\_

Applicant: (State what you are asking for) Zoning District: \_\_\_\_\_ Lakes Classification \_\_\_\_\_

To Place and Camper on above property

We, the Town Board, **TOWN OF** \_\_\_\_\_, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Increased Value

\*\* THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**\*\* NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

Signed:

Chairman: Russell Bailey

Supervisor: [Signature]

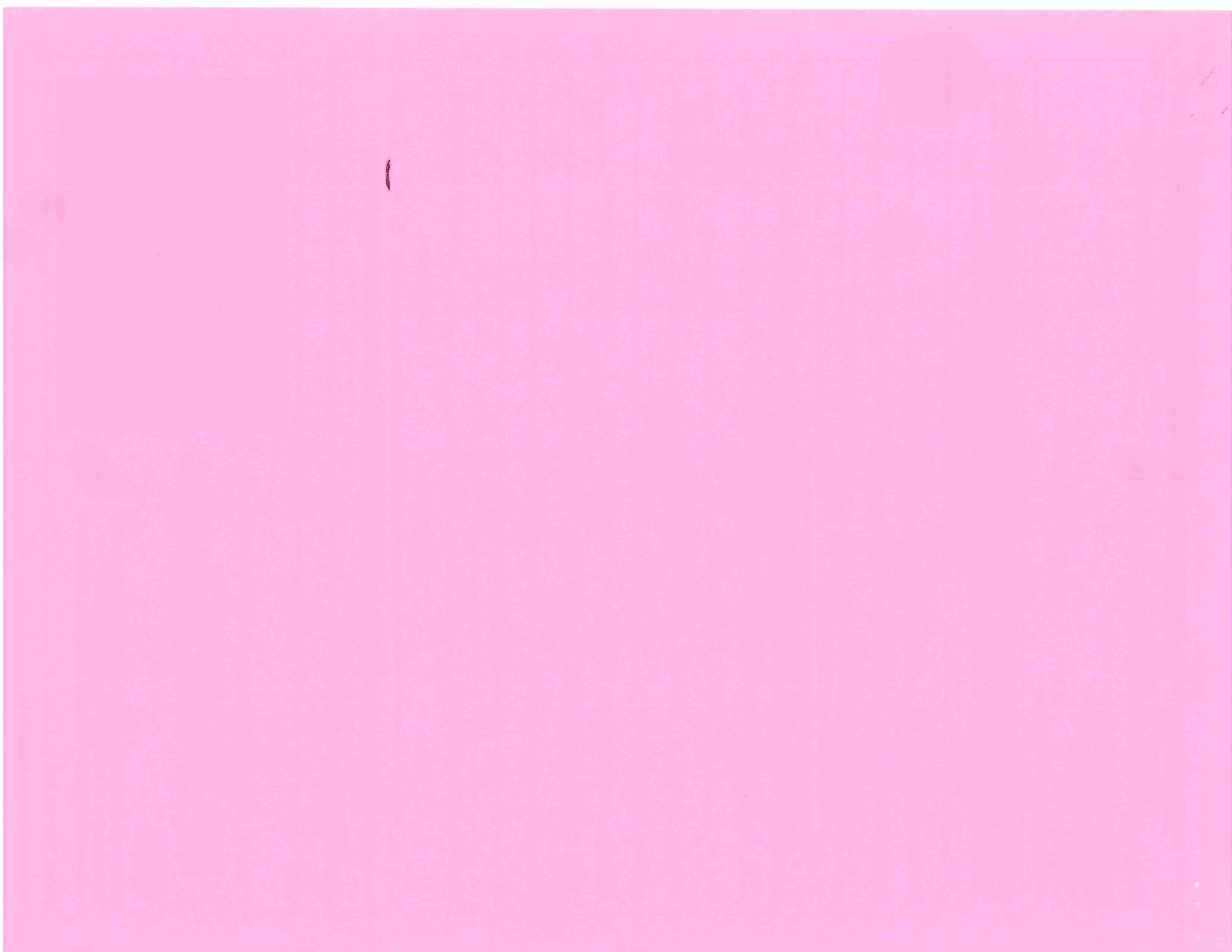
Supervisor: [Signature]

Supervisor: [Signature]

Clerk: [Signature]

Date: 6/13/2008





Town, City, Village, State or Federal  
Permits May Also Be Required  
(AFTER THE FACT)

LAND USE – X

SANITARY – Privy on adjacent site

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. 22-0146

Issued To: Timothy Carpenter / Janell Torgerson

### Part in

Location: SE ¼ of NE ¼ Section 26 Township 50 N. Range 8 W. Town of Port Wing  
In DOC 2022R-593023

Gov.t Lot

Lot

Block

Subdivision

CSM#

For: (ATF) Recreational Vehicle (RV)

Make: Siera

Model #: 38'

Vehicle #: 4X4TSEP234A027814 Year: 2004

(Disclaimer): Any future expansions or development would require additional permitting.

Condition: May not be used for permanent residence

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

July 15, 2022

Date